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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/725,579			ing Date 03/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	1 == (4)	١	N/A	1 == (4)	
	SEARCH FEE	J. (C))	N/A		N/A		N/A		ı	N/A		
	(37 CFR 1.16(k), (i), (ii), (iii)	E	N/A		N/A		N/A		ı	N/A		
	(37 CFR 1.16(o), (p), (AL CLAIMS	or (q))	minus 20 =				x s =		OR	x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *				x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	ts of pap 50 (\$125 ional 50 : .S.C. 41(gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
Ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL		
APPLICATION AS AMENDED – PART II OTHER T (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL										ER THAN		
AMENDMENT	12/07/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 24	Minus	~ 24	= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	···4	= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1801)		Minus	**	-	l	x \$ =		OR	x s =		
M	Independent (37 CFR 1.16(h))	*	Minus	***	-	1	x \$ =		OR	x s =		
ᇳ	Application Size Fee (37 CFR 1.16(s))											
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Municipal Providers Mark For IN THIS SPACE is less than 30, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". ALSA THOMAS!												

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